



PTO/SB/21 (08-03)

Approved for use through 08/30/2003. OMB 0651-0031

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1743
\$**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

11

Application Number

09/846,727

Filing Date

April 27, 2004

First Named Inventor

Craig R. Malloy, et al.

Art Unit

1743

Examiner Name

Monique T. Cole

Attorney Docket Number

119929-1031

ENCLOSURES (Check all that apply)

Fee Transmittal Form



Fee Attached



Amendment/Reply



After Final



Affidavits/declaration(s)



Extension of Time Request



Express Abandonment Request



Information Disclosure Statement



Certified Copy of Priority Document(s)

Response to Missing Parts/
Incomplete ApplicationResponse to Missing Parts
under 37 CFR 1.52 or 1.53

Drawing(s)



Licensing-related Papers



Petition

Petition to Convert to a
Provisional Application

Power of Attorney, Revocation



Change of Correspondence Address



Terminal Disclaimer



Request for Refund



CD, Number of CD(s) _____

After Allowance communication
to Technology Center (TC)Appeal Communication to Board
of Appeals and InterferencesAppeal Communication to TC
(Appeal Notice, Brief, Reply Brief)

Proprietary Information



Status Letter

Other Enclosure(s) (please
Identify below):

RETURN POST CARD

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENTFirm
or
Individual name

Thomas C. Wright, Registration No. 47,189

Signature

Date

April 30, 2004

CERTIFICATE OF TRANSMISSION/MAILING

Certificate of Mailing under 37 CFR 1.8: I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope, with sufficient postage, addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450, on April 27, 2004.

Typed or printed name

Linda L. Gibson

Signature

Date

April 30, 2004

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MAY 03 2004

PTO/SB/06 (08-03)

Approved for use through 7/31/2006. OMB 0651-0032

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PATENT APPLICATION FEE DETERMINATION RECORD

Substitute for Form PTO-875

Application or Docket Number

119929-1031

CLAIMS AS FILED – PART I

(Column 1)

(Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	58 minus 20 =	38
INDEPENDENT CLAIMS (37 CFR 1.16(b))	6 minus 3 =	3
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		

* If the difference in column 1 is less than zero, enter "0" in column 2.

SMALL ENTITY

OR

OTHER THAN SMALL ENTITY

RATE	FEE
	\$ 355.00
x \$ 9.00 =	342.00
x \$ 43.00 =	120.00
+ \$.00 =	.00
TOTAL	817.00

OR

OR

OR

OR

OR

RATE	FEE
	\$ _____
x \$ _____ =	
x \$ _____ =	
+ \$ _____ =	
TOTAL	

CLAIMS AS AMENDED – PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	* 27	Minus ** 58	= 0
Independent (37 CFR 1.16(b))	* 3	Minus *** 6	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

SMALL ENTITY

OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
x \$.00 =	.00
x \$.00 =	.00
+ \$ _____ =	
TOTAL ADD'L FEE	.00

OR

OR

OR

OR

RATE	ADDITIONAL FEE
x \$ _____ =	
x \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	* _____	Minus ** _____	= _____
Independent (37 CFR 1.16(b))	* _____	Minus *** _____	= _____
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

RATE	ADDITIONAL FEE
x \$ _____ =	
x \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

OR

OR

OR

OR

RATE	ADDITIONAL FEE
x \$ _____ =	
x \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	* _____	Minus ** _____	= _____
Independent (37 CFR 1.16(b))	* _____	Minus *** _____	= _____
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

RATE	ADDITIONAL FEE
x \$ _____ =	
x \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

OR

OR

OR

OR

RATE	ADDITIONAL FEE
x \$ _____ =	
x \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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